

JAY DARDENNE
SECRETARY OF STATE

STATE OF LOUISIANA
SECRETARY OF STATE



Commercial
(225) 925-4704

Administrative Services
(225) 925-4704

Fax
(225) 925-4726
(225) 922-0435

Uniform Commercial Code
(225) 922-1193

Fax
(225) 922-0452

**TRANSMITTAL INFORMATION
For All Business Filings**

Registered agent, officer, entity status information available via the Internet

Business Name (List ***exactly*** as it appears in documents)

Name of person filing document (evidence of filing will be mailed to this person, at address below)

Daytime phone number

Address

City

State

Zip Code

NOTE: Louisiana notaries must print or type their name and include their notary or bar roll number.

Mailing Address: P. O. Box 94125, Baton Rouge, LA * 70804-9125
Office Location: 8549 United Plaza Blvd., Baton Rouge, LA * 70809
Web Site Address: www.sos.louisiana.gov

Jay Dardenne
Secretary of State



AFFIDAVIT TO DISSOLVE LIMITED LIABILITY COMPANY
(R.S. 12:1335.1)

Domestic Limited Liability Company
Enclose \$75.00 filing fee
Make remittance payable to
Secretary of State
Do Not Send Cash

Return to: Commercial Division
P. O. Box 94125
Baton Rouge, LA 70804-9125
Phone (225) 925-4704
Web Site: www.sos.louisiana.gov

STATE OF _____

PARISH/COUNTY OF _____

BEFORE ME, the undersigned Notary Public in and for the parish/county herein above shown, personally came and appeared the undersigned who, after being duly sworn, did depose and say that:

Limited Liability Company Name

is no longer doing business, owes no debts and is dissolved by filing this affidavit with the Secretary of State, executed by the member(s) or organizer(s) if no membership interests have been issued, attesting to such facts.

The undersigned further declared that they are: (check one)

- () All of the members of the above named limited liability company.
- () All of the organizers of the above named limited liability company,
and no membership interests have been issued.

Member(s) or Organizer(s) Signature(s)

Sworn to and subscribed before me, the undersigned Notary Public, on this date: _____
NOTARY NAME MUST BE TYPED OR PRINTED WITH NOTARY #

Notary Signature

INSTRUCTIONS

1. File this form, along with the appropriate filing fee with the Secretary of State's office.
2. You will receive a Certificate of Dissolution.